

FUNCTION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	<i>12/15</i>	<i>32</i>	<i>1/15</i>
FORMALITY REVIEW	<i>H.S.</i>	<i>866</i>	<i>01.12.001</i>
RESPONSE FORMALITY REVIEW	<i>T2</i>	<i>30947</i>	<i>05/02/01</i>

BEST AVAILABLE COPY

INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 (Through numeral) ..... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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